

Attorney's Docket No. _____

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TEMPERING BENT GLASS SHEETS

the specification of which (check only one item below):

is attached hereto and was amended on _____
was filed as United States Patent Application
Number _____ on _____

and was amended on _____ (if applicable).

was filed as PCT International Application
Number PCT/GB2004/001263 on 28 MARCH 2003
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:			PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EUROPE	03425197.5	28 March 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration and Power of Attorney
For Utility or Design Patent Application
Attorney's Docket No. _____

Page 2

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number **2 1 8 3 9**

Address all correspondence to: BURNS, DOANE, SWECKER & MATHIS, L.L.P.
CUSTOMER NUMBER **2 1 8 3 9**
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: Matthew L Schneider at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR		Giovanni Maria CARLOMAGNO
Signature	 <input checked="" type="checkbox"/>	
Date	+ September <input checked="" type="checkbox"/>	
Residence (City, State, Country)	Napoli, ITALY	
Citizenship	ITALIAN	
Mailing Address	Via Scarlatti, 32	
City, State, ZIP, Country	IT-80129 Napoli, ITALY	
FULL NAME SECOND INVENTOR, IF ANY		
Signature		
Date		
Residence (City, State, Country)		
Citizenship		
Mailing Address		
City, State, ZIP, Country		